

Abstract 605

TITLE: High Street Prices of Syringes Correlate with Strict Syringe Possession Laws

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BACKGROUND: The current epidemic of injection drug use in the United States and abroad has precipitated an increase in on of infectious diseases including HIV, hepatitis B, hepatitis C and HTLV-II in injection drug users (IDUs) syringes and other injection equipment. Sharing is often due to a lack of available sterile syringes, which is, a result of laws and regulations controlling the purchase and possession of syringes. These laws in turn raise the price of questionably sterile black market syringes inadvertently encouraging the reuse and sharing of syringes.

METHODS: An attempt was made to contact all available needle exchange programs (NEPs) in the United States in July and August 1998. Program staff were surveyed by telephone and asked about the street price and range of prices of syringes and the laws concerning syringe possession in their given geographical area. Separate tests were run to determine the relationship between the existence and enforcement of laws with street prices of syringes.

RESULTS: Forty-two NEPs were contacted in 35 cities in 18 states and the District of Columbia. Seven reported no penalties for syringe possession and 35 reported that syringe possession is a misdemeanor. Of the 35 sites where possession laws are present, 16 reported that the laws are strictly enforced while 13 reported that they are not strictly enforced. Six respondents did not know the extent of law enforcement in their area. Data for these sites was collected from other sources such as public health departments or local law enforcement agencies. In areas where there were no penalties for penalties for syringe possession, the mean syringe price was significantly lower (\$1.14) than where possession was a misdemeanor (\$2.87) ($p < 0.01$). Of areas where syringe possession laws are in place, the mean syringe price was significantly higher if the laws were perceived as strictly enforced (\$3.66) as opposed to not strictly enforced (\$2.08) ($p < 0.01$). Twenty-nine of the 42 sites reported restrictions on syringe sales in pharmacies without a prescription while 13 reported no restrictions. The difference in street prices between areas with (\$2.23) and without (\$1.32) pharmacy sales restrictions was not statistically significant in this study ($p = 0.08$). There was no relationship between street syringe prices and older (> 3 years) NEPs ($p = 0.50$).

CONCLUSIONS: The availability of sterile syringes is a crucial component of HIV prevention among IDUs. Street prices of syringes are easily quantifiable and may yield a reliable measure of laws and other factors that contribute to ultimate availability of syringes in a given area. This information can be used to focus infectious disease prevention efforts either on making syringes more available or on other activities such as education and testing.

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